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Cancer Action Network  
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October 17, 2014

Sylvia Mathews Burwell  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C. 20201

**Re: Arkansas Health Care Independence Program**

Dear Secretary Burwell:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Arkansas Health Care Independence Program demonstration project, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 15, 2014. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN strongly supports expanded access to Medicaid. Over 16,520 Arkansans are expected to be diagnosed with cancer this year<sup>1</sup> – many of whom will rely on Medicaid for their care. Our comments on the proposal are intended to ensure that cancer patients in Arkansas (including the newly diagnosed, those in active treatment, and survivors) will have adequate access and coverage under the Arkansas Health Care Independence Program, and specific requirements do not create barriers to care for low-income cancer patients.

***Non-Emergency Medical Transportation***

Arkansas proposes limiting non-emergency medical transportation for non-medically frail individuals to no more than eight trip legs per year. Individuals may request additional units of non-emergency medical transportation through an extension of benefits process.

ACS CAN opposes Arkansas' proposal to waive non-emergency medical transportation and urges CMS to deny the state's request to waive non-emergency medical transportation. After receiving a cancer diagnosis, one of the most difficult challenges patients face is getting to and from treatment. Many cancer patients – particularly those with low or limited incomes – do not own a vehicle, cannot afford public transportation, or do not live in an area where public transportation is readily accessible. Often patients do not have a family member or friend who is available to provide regular assistance with transportation. Without access to non-emergency medical transportation, cancer patients often are unable to access regular treatment, which can significantly reduce their chance of survival.

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<sup>1</sup> American Cancer Society, Cancer Facts & Figures 2014,

### ***Independence Accounts – Premiums***

Under Arkansas' proposed waiver individuals between 50 percent and 133 percent of the federal poverty level will receive an Independence Account, administered by a third party administrator, to cover copayments and coinsurance. The new adult population whose incomes are above 100 percent of the federal poverty level will make monthly contributions of \$10-\$25, depending on their income. Individuals whose income is between 50 percent and 100 percent of the federal poverty level will contribute \$5 per month to their Independence Account.

ACS CAN is concerned that these requirements may place a greater financial burden on low-income Arkansans and may discourage individuals from enrolling in the Medicaid program. This lack of coverage can be particularly harmful to individuals who develop cancer. Research has shown that uninsured individuals are more likely to be diagnosed with cancer at a later stage, when treatment is more extensive and more costly.<sup>2</sup>

### ***Independence Accounts – Cost-Sharing***

Under the proposed waiver, individuals between 100 percent and 133 percent of the federal poverty level who fail to make monthly contributions to the Independence Accounts will be required to pay copayments or coinsurance at the point of service in order to receive services and their Independence Account card will be deactivated by the third party administrator. The card will only be reactivated once the individual resumes making contributions. Further, Arkansas indicates that individuals whose income is above 100 percent of the federal poverty level can be denied access to medical care for failure to make contributions to their Independence Account.

Individuals between 50 percent and 100 percent of the federal poverty level who fail to make contributions to their Independence Account will either be billed for Medicaid-level copayments by the third party administrator or incur a debt to the state. Under the proposed waiver the enrollees' Independence Account would not be deactivated, but once those funds are exhausted, the individual will incur a debt to the state.

ACS CAN is concerned that the proposed cost-sharing may impede individuals' access to necessary medical treatment. In particular, we are concerned with the proposal that would allow individuals whose income exceeds 100 percent of the federal poverty level to be denied medical services for failure to make contributions to their Independence Accounts. Individuals with cancer need access to treatments and when that access is disrupted – as it could be for non-payment cost-sharing – the effectiveness of the treatment could be jeopardized and the individual's chance of survival can be significantly reduced.

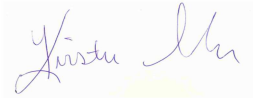
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<sup>2</sup> Id.

## **Conclusion**

On behalf of the American Cancer Society Cancer Action Network we thank you for the opportunity to comment on the proposed amendments to the Arkansas Health Care Independence Program. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at [Anna.Howard@cancer.org](mailto:Anna.Howard@cancer.org) or 202-585-3261.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", is displayed on a light gray rectangular background.

Kirsten Sloan  
Senior Policy Director  
American Cancer Society Cancer Action Network